

ASSUMED NAME RECORDS (d.b.a.)  
CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION  
(This certificate properly executed is to be filed immediately with the County Clerk)

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

(PRINT CLEARLY OR TYPE)

BUSINESS ADDRESS:

MAILING ADDRESS: (IF DIFFERENT FROM BUSINESS ADDRESS)

CITY: STATE: ZIP CODE:

PERIOD (NOT TO EXCEED 10 YEARS) IN WHICH ASSUMED NAME WILL BE USED  
NOTICE: "Certificate of Ownership" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNT CLERK'S OFFICE (Chapter, Sec 1, Title 4 Business and Commercial Code)

BUSINESS IS TO BE CONDUCTED AS (CHECK ONE):

General Partnership Limited Partnership Corporation Sole Proprietorship  
Registered Limited Liability Partnership Limited Liability Company

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, am/are the owner (s) of the above business and my/our name(s) and address(s) given is/are true and correct, and there is/are no ownership(s) in said business other then those listed herein below.

Name Signature  
Address City St Zip code (Residence)  
Name Signature  
Address City St Zip code (Residence)  
Name Signature  
Address City St Zip code (Residence)  
Name Signature  
Address City St Zip code (Residence)

(Acknowledgment)

STATE OF TEXAS  
COUNTY OF

This instrument was acknowledged before me this the day of , 20  
by .

(Seal)

Notary Public, State of Texas  
Printed Name of Notary  
My commission expires:

Office use only

ASSUMED NAME CERTIFICATE FOR AN INCORPORATED BUSINESS OR PROFESSION

NAME UNDER WHICH BUSINESS OR PROFESSIONAL SERVICES IS OR WILL BE CONDUCTED

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

1.

The name of the incorporated business of profession as stated in its Articles of incorporation or comparable is: \_\_\_\_\_  
and the charter number or certificate of authority number, if any, is: \_\_\_\_\_
2.

The state, county, or other jurisdiction under the laws of which it was incorporated is: \_\_\_\_\_  
and the address of its registered or similar office in that jurisdiction is: \_\_\_\_\_
3.

The period, not to exceed ten years, during which this assumed name will be used is: \_\_\_\_\_  
(Certificates are valid for a period of ten years from the date)
4.

The corporation is a (circle one) business corporation, non-profit corporation, professional corporation,  
professional association of other type of corporation (specify): \_\_\_\_\_
5.

If the corporation is required to maintain a registered office in Texas, the address of the registered office is: \_\_\_\_\_  
\_\_\_\_\_, and the name of its registered agent at such address is: \_\_\_\_\_  
\_\_\_\_\_  
The address of the principal office (if not the same as the registered office)  
is: \_\_\_\_\_
6.

If the corporation is not required to or does not maintain a registered office in Texas, the office address in  
Texas is: \_\_\_\_\_  
and if the corporation is not incorporated, organized or associated under the laws of Texas the address of its  
place of its business in Texas is: \_\_\_\_\_  
and the office address elsewhere is: \_\_\_\_\_
7.

The county or counties where business or professional services are being or are to be conducted or rendered  
under such assumed name are (if applicable, use the designation “all” or “all except \_\_\_\_\_”)
8.

If this instrument is executed by the attorney-in-fact, the attorney-in-fact hereby states that he has been duly  
authorized, in writing, by his principal to execute and acknowledge this instrument.

\_\_\_\_\_  
Signature of Officer, Representative or Attorney-in-fact  
of the corporation

STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_ behalf  
of said corporation or association.

For office use only

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Printed name of Notary  
My commission expires: \_\_\_\_\_

STATEMENT OF ABANDONMENT OF USE  
OF A BUSINESS OF PROFESSIONAL NAME

1. The assumed business or professional name being abandoned is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The original date on which the assumed name certificate was filed in the office in  
which this statement is being filed was: \_\_\_\_\_  
Other filing offices, where the certificate has been filed: \_\_\_\_\_  
\_\_\_\_\_

3. The Registrant's name and residence address and office address as would be required  
to be stated if the assumed name certificate were being presently filed is:  
\_\_\_\_\_  
\_\_\_\_\_

To certify which, witness \_\_\_\_\_ hand(s) this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signed, Withdrawing Party or Parties)

THE STATE OF TEXAS  
County of \_\_\_\_\_

Before me, \_\_\_\_\_ in and for said County and State,  
on this day personally appeared \_\_\_\_\_  
known to me or through \_\_\_\_\_ to be the person \_\_\_\_ whose name \_\_\_\_\_  
subscribed to the foregoing certificate, and acknowledged to me that \_\_\_he\_\_\_\_  
executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office, this the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

OFFICE USE ONLY

\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Notary

My Commission expires: \_\_\_\_\_